THE METROPOLITAN ACTION COMMISSION
2013 SUMMER FOOD SERVICE PROGRAM SITE APPLICATION

NEW SITE (PLEASE CHECK ONE):   ( ) YES   ( ) NO

Site Name:

Site Address:	Site Phone:

Name and Title of person in charge at site:

Type of Site (Please check one): ( ) Recreational ( ) School ( ) Residential Camp ( ) Migrant ( ) Church ( ) Other (Specify): _____	Period of Operation of Food Service: **Monday June 3, 2013- Friday July 26, 2013**	Program Days of Operation:
	Total Number of Operating Days:	Program Hours of Operation:

MEALS TO BE SERVED DAILY:			TIME:	ESTIMATED	SITE OPERATES FRIDAYS?	SCHEDULED ACTIVITES (OTHER THAN FOOD PROGRAM)
Type	Average	Maximum	Begins	Ends	( ) YES	( ) YES
Breakfast:						
Lunch:					( ) NO	( ) NO

SCHOOLS ATTENDED BY CHILDREN AT SITE	SITE PERSONNEL WORKING WITH THE PROGRAM	DO YOU HAVE AN INDOOR FACILITY/SHELTER AVAILABLE FOR MEAL SERVICE? ( ) YES ( ) NO
	Number of Personnel ( ) 1-3 persons ( ) Over 3 persons Number of Hours Daily ( ) 1-4 hours ( ) Over 4 hours	If not, what plan will be implemented? (Please check one) ( ) Cancel Meals ( ) Move to Alternate Site ( ) Other (Explain):_____

TO BE ANSWERED ONLY IF MEALS ARE DELIVERED

Storage Facilities for Meals (Please check one) ( ) Refrigerated storage available for ALL meals ( ) Refrigerated storage available for LEFTOVERS only ( ) No refrigerated storage	Describe your plan for excess meals delivered (attached additional sheet if needed)

I certify that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature:_____   Date:_____

Title:_____

PLEASE NOTE: FAXED APPLICATIONS WILL NOT BE PROCESSED. APPLICATIONS MUST BE MAILED OR HAND DELIVERED TO OUR OFFICE.

FOR SPONSOR USE ONLY:

Classification of Site

(   ) Open regular

(   ) Open w/applications

(   ) Restricted w/applications

(   ) Residential Camp

(   ) Migrant

(   ) Other (Specify):_____

Mark Type Documentation Site Eligibility

(   ) Needy school printout

(   ) Census Tract

(   ) Needy Enroll/Applications

(   ) Migrant

(   ) Other (Specify):_____

Public Housing Eligibility Data

Percent of Children Eligible?

(   ) Approved

(   ) Denied   Reason:_____

Initials:_____   Date:_____